

CITY OF IONIA INCOME TAX DIVISON

PO BOX 512 114 KIDD STREET IONIA MI 48846 616-527-5729 or 616-527-TAXS

BUSINESS REGISTRATION AND EMPLOYER'S WITHHOLDING REGISTRATION

TRADE NAME

MAILING ADDRESS

FEDERAL ID #

OWNERS NAME

IONIA ADDRESS

TYPE OF ORGANIZATION

___ INDIVIDUAL OWNER ___ PARTNERSHIP ___ CORPORATION ___ NONPROFIT ___ OTHER (ATTACH EXPLANATION)

PHONE NUMBER

LOCAL PHONE NUMBER

NUMBER OF EMPLOYEES

DATE BUSINESS AQUIRED
WITHHOLDING IN IONIA

DATE FIRST PAID WAGES SUBJECT TO

WAS THIS BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER?

GIVE NAME

ACCOUNTING PERIOD ___ CALENDAR YEAR ___ FISCAL YEAR ENDING _____

PLEASE CHECK ONE:

___ RESIDENT BUSINESS-- LOCATED INSIDE IONIA CITY LIMITS AND/OR DOING BUSINESS OR PERFORMING SERVICES INSIDE IONIA CITY LIMITS. A RESIDENT BUSINESS IS **REQUIRED** BY THE UNIFORM CITY INCOME TAX ORDINANCE TO WITHHOLD AND REMIT CITY INCOME TAX ON RESIDENT AND NONRESIDENT EMPLOYEES AND FILE A W-3 WITH W-2'S BY FEBRUARY 28 OF EACH TAX YEAR. BUSINESS IS ALSO RESPONSIBLE FOR FILING A RETURN WITH THE CITY BASED ON INCOME EARNED INSIDE IONIA CITY LIMITS.

___ NONRESIDENT BUSINESS-- A BUSINESS WITHHOLDING IONIA CITY INCOME TAX FOR RESIDENTS OF THE CITY OF IONIA WHO WORK AT A BUSINESS LOCATED OUTSIDE CITY LIMITS. THIS BUSINESS IS REQUESTING TO BE ALLOWED TO WITHHOLD FROM CITY OF IONIA RESIDENTS WORKING AT THIS BUSINESS AND AGREE TO REMIT QUARTERLY WITHHOLDING PAYMENTS AND YEAR END W-3 WITH W-2S AS IS REQUIRED BY THE UNIFORM CITY INCOME TAX ORDINANCE.

___ OTHER - PROVIDING SERVICES OR CONDUCTING BUSINESS INSIDE CITY LIMITS ON A SHORT TERM BASIS – EXAMPLE CONTRACTORS, PEDDLERS, FAIR VENDERS, ANTIQUE DEALERS ETC. RESPONSIBLE FOR TAX ON INCOME EARNED IN IONIA AND POSSIBLE WITHHOLDINGS ON EMPLOYEES. MUST AT LEAST REPORT WAGES EARNED OF EMPLOYEES WORKING INSIDE CITY LIMITS. MUST WITHHOLD PER UNIFORM CITY INCOME TAX ORDINANCE.

By signing this form, I declare that I understand all of my obligations to the City of Ionia for income tax and that I will abide by the requirements of the Uniform City Income Tax Ordinance and the City of Ionia Income Tax Department rules and regulations. I also declare that the information provided here is to the best of my knowledge true, complete and correct.

SIGNATURE

TITLE

DATE

PHONE NUMBER

CITY OF IONIA INCOME TAX DIVISION
PO BOX 512 114 N KIDD ST IONIA MI 48846
616-527-TAXS

REQUIRED: EMPLOYERS FEDERAL
IDENTIFICATION NUMBER _____

___ We use the following payroll company to remit our withholding tax

Name of payroll company _____

Address _____

CONTACT PERSON _____

PHONE NUMBER _____